



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053800005

CITY OR TOWN HOLLISTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BERTUCCI'S RESTAURANT CORP

DOING BUSINESS AS BERTUCCI'S BRICK OVEN RISTORANTE

ADDRESS 414 WASHINGTON ST.

CITY/TOWN: HOLLISTON

STATE: MA

ZIP CODE: 01746

MANAGER: LANDRY,
SUZETTE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FRONT ENTRANCES, TWO REAR EXITS ONE MAIN FLOOR WITH FOUR ROOMS AND
TWO RESTROOMS. CELLAR FOR STORAGE OF STOCK ONLY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053800007

CITY OR TOWN HOLLISTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LEONARD D.CHESMORE POST#8507 V.F.W.OF U.S.INC

DOING BUSINESS A

ADDRESS WOODLAND ST.

CITY/TOWN: HOLLISTON

STATE: MA

ZIP CODE: 01746

MANAGER: WETHERBEE,
DANIEL

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS, FIRST FLOOR HALL, STORAGE CLOSETS, KITCHEN AND REAR ENTRANCE;
SECOND FLOOR; INNER HALL, CLOAK ROOM, 2 REST ROOMS, FRONT ENTRANCE AND
STORAGE ATTIC

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053800008

CITY OR TOWN HOLLISTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HSIRI, INC. ENTERPRISES LTD.

DOING BUSINESS AS HOLLISTON WINE & SPIRITS

ADDRESS 92 CENTRAL ST

CITY/TOWN: HOLLISTON

STATE: MA

ZIP CODE: 01756

MANAGER: MCCARTHY JR., TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
JOHN F.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT AND REAR DOOR, STORAGE, COOLER AND RESTROOM

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DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053800009

CITY OR TOWN HOLLISTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DEPOT PACKAGE STORE, INC.

DOING BUSINESS AS DEPOT PACKAGE STORE

ADDRESS 110 CHURCH ST

CITY/TOWN: HOLLISTON

STATE: MA

ZIP CODE: 01746

MANAGER: PORTER, PAUL
DEAN

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOODEN BLDG; FRONT ROOM FOR SALES; REAR ROOM AND CELLAR FOR STORAGE

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053800010

CITY OR TOWN HOLLISTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: C.J. CORRADO & SONS INC.

DOING BUSINESS AS COUNTRY LIQUORS

ADDRESS 12 CONCORD ST

CITY/TOWN: HOLLISTON

STATE: MA

ZIP CODE: 01746

MANAGER: CORRADO,
CLIFFORD J.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY BLDG WITH LIQUOR STORE ON FIRST FLOOR. APARTMENT ON SECOND FLOOR

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053800014

CITY OR TOWN **HOLLISTON**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **MJM MCCARTHY CORPORATION**

DOING BUSINESS AS **CASEY'S CROSSING**

ADDRESS **81 RAILROAD ST**

CITY/TOWN: **HOLLISTON**

STATE: **MA**

ZIP CODE: **01746**

MANAGER: **MCCARTHY,
JOHN L.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**ONE MAIN FLOOR, MEZZANINE AND CELLAR WITH STORAGE IN CELLAR; FRONT, REAR
AND SIDE EXITS**

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EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053800016

CITY OR TOWN HOLLISTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NAAR, INC

DOING BUSINESS AS RT 16 CONVENIENCE BEER & WINE

ADDRESS 1566 WASHINGTON STREET

CITY/TOWN: HOLLISTON

STATE: MA

ZIP CODE: 01746

MANAGER: PATEL, NAVIN D. TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A CONVENIENCE STORE WITH A STORE FRONT ENTRANCE AND REAR EXIT, APPROX. 1255 SQ. FT.

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EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053800019

CITY OR TOWN HOLLISTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: The Wine House Inc

DOING BUSINESS AS The Wine House

ADDRESS 76 Central St

CITY/TOWN: HOLLISTON

STATE: MA

ZIP CODE: 01746

MANAGER: Wagner, Rochelle

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

approx 567 sq ft of retail space used for selling wine, cheese, gourmet foods and some gift items.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053800020

CITY OR TOWN HOLLISTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BAZEL'S PIZZA AND SUBS INC.

DOING BUSINESS AS BAZEL'S PIZZA AND SUBS

ADDRESS 1568 WASHINGTON STREET

CITY/TOWN: HOLLISTON

STATE: MA

ZIP CODE: 01746

MANAGER: MIGOS, PAUL

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PIZZA AND SUB RESTAURANT

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053800021

CITY OR TOWN **HOLLISTON**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **CREPE CABANA LLC**

DOING BUSINESS AS **PEJAMAJO CAFÉ**

ADDRESS **770 WASHINGTON ST**

CITY/TOWN: **HOLLISTON**

STATE: **MA**

ZIP CODE: **01746**

MANAGER: **SAVAS, PETER**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1800 SF RESTAURANT WITH TWO ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

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LICENSE NUMBER: 053800022

CITY OR TOWN **HOLLISTON**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **JOANNA ROSSI**

DOING BUSINESS AS **THE FAIRVIEW AT PINECREST**

ADDRESS **212 PRENTICE STREET**

CITY/TOWN: **HOLLISTON**

STATE: **MA**

ZIP CODE: **01746**

MANAGER: **ROSSI, JOANNA**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

7570 SQ FT...(520 KITCHEN, 1200 DINING AREA, 650 DECK, 200 BAR), SNACK SHACK AND THE MAIN ENTRANCE/EXIT, KITCHEN EXIT, DINING ROOM EXITS(10 TOTAL)TO EXTEND MY LICENSE TO INCLUDE THE GOLF COURSE THE AREA CONTAINING HOLES TO INCLUDE THE GOLF COURSE THE AREA CONTAINING HOLES9 THROUGH 18 OF THE GOLF COURSE SHOWN ON THE PLAN.

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053800023

CITY OR TOWN HOLLISTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ELMANAHRY CORPORATION

DOING BUSINESS AS CENTRAL CAFÉ & CONVENIENCE

ADDRESS 92-94 CENTRAL STREET

CITY/TOWN: HOLLISTON

STATE: MA

ZIP CODE: 01746

MANAGER: AZIR, RAMSIS

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2841 SQ FT UNIT IN A ONE STORY BUILDING/MINI MALL WITH A SINGLE ENTRANCE IN
THE FRONT AND TWO EXITS IN THE REAR

I hereby certify and swear under penalties of perjury that:

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